Double Gallbladder Diagnosed by T-tube Cholangiogram

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Introduction

Double gallbladder is a rare congenital abnormality, usually diagnosed during the pre-operative assessment of gallbladder disease. We present a case where ultrasonography, oral cholecystography and per-operative cholangiography failed to demonstrate a second gallbladder. The diagnosis was eventually made at T-tube cholangiography.

Case Report

A 57 year old man was admitted for cholecystectomy because of recurrent biliary colic. A pre-operative oral cholecystogram showed a non-functioning gallbladder and an ultrasound scan revealed multiple gallstones. At operation a large gallbladder full of stones was found, surrounded by dense inflammatory adhesions. A per-operative cholangiogram revealed a bile duct of normal calibre with a filling defect in its distal third (Fig 1). The common bile duct was explored and a good view of the ampulla of Vater was seen at choledochoscopy. Just lateral to this a second small opening was present and this was thought to be the entry of the pancreatic duct. The common bile duct was closed over a T-tube. A subsequent T-tube cholangiogram at ten days demonstrated no residual stones, but a separate small gallbladder was seen to arise by a duct which joined the common duct in its ampullary portion (Fig 2). The patient made an uneventful recovery and remains symptom free after one year.

Discussion

Two hundred cases of double gallbladder have been reported in the literature and all of these were removed for chronic inflammation and/or gallstones¹. No case, however, has presented at T-tube cholangiography where pre-operative and postoperative investigations failed to demonstrate the abnormality. Although choledochoscopy allowed clear visualization of the opening of the second duct, this was thought to be a pancreatic duct abnormality because this occurs much more frequently.²

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Although it may well cause symptoms in the future, the extra gallbladder was not removed because of the late presentation. A second cholecystectomy may be indicated later.

Fig 1. Per-operative cholangiogram showing a bile duct of normal calibre with a filling defect at the lower end. The second gallbladder cannot be seen.

Fig 2. T-tube cholangiogram taken 10 days post-operatively. The second gallbladder is demonstrated.

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